

## PATENT COOPERATION TREATY

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To:  
 DIMITRIOS T. DRIVAS  
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 PATENT DEPARTMENT  
 1155 AVENUE OF THE AMERICAS  
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NOTIFICATION REGARDING CERTAIN  
CORRECTIONS MADE *EX OFFICIO*

(PCT Administrative Instructions, Section 327)

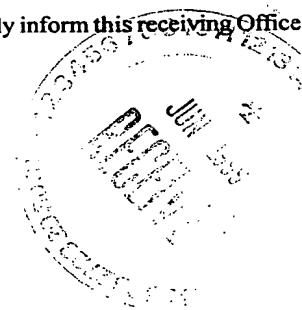
		Date of mailing (day/month/year)	04 JUN 99
Applicant's or agent's file reference  1102865-0034	REPLY DUE  NONE However, see paragraph 3 below		
International application No.  PCT/US99/10750	International filing date (day/month/year)	14 MAY 99	
Applicant  APHTON CORPORATION			

1. The applicant is hereby notified that this receiving Office has corrected formal defects in the international application *ex officio*, as shown on the attached copy of:

the request, sheet No.: \_\_\_\_\_ 1 AND 2  
 the description, sheet No.: \_\_\_\_\_  
 the claims, sheet No.: \_\_\_\_\_  
 the drawings, sheet No.: \_\_\_\_\_  
 other (specify): \_\_\_\_\_

2. If the applicant agrees with these corrections, no further action is required in this regard.

3. In case of disagreement with these corrections, the applicant should promptly inform this receiving Office accordingly.



Name and mailing address of the receiving Office  
 Assistant Commissioner for Patent  
 Box PCT  
 Washington, D.C. 20231 Attn: RO/US  
 Facsimile No. 703-305-3230

Authorized officer *MW*  
 Misty Walker  
 Telephone No. 703-305-3682

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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/US 99/10750	
International Application No.	
14 MAY 1999 (14.05.99)	
International Filing Date	
PCT INTERNATIONAL	
APPLICATION RO/US	
Name of receiving Office and PCT International Application	
Applicant's or agent's file reference (if desired) (12 characters maximum) 1102865-0034	

Box No. I TITLE OF INVENTION

COMBINATION THERAPY FOR THE TREATMENT OF TUMORS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Aphton Corporation  
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26 Harter Avenue  
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United States of America

This person is also inventor.

Telephone No.  
530 -668-5100

Facsimile No.  
530 -666-1313

Teleprinter No.

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GEVAS, Philip C.  
881 Ocean Drive  
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Key Biscayne, Florida 33149  
United States of America

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

US

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or further inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:  agent  common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

DRIVAS, Dimitrios T.; HOFFMANN, Hans-Peter G.;  
CLELAND, Thelma A. Chen; GENOVA, John M.; and  
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Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GRIMES, Stephen  
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This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

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This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KARR, Stephen L.  
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This person is:

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State (that is, country) of nationality:

State (that is, country) of residence:

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This person is applicant for the purposes of:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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State (that is, country) of residence:

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This person is applicant for the purposes of:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MICHAELI, Dov  
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United States of America

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on another continuation sheet.

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